

Town of Framingham



Building Services Department
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Memorial Building • Room 133
Framingham, MA 01702

Director
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NEVINS HALL RENTAL APPLICATION

Name of Organization/Individual: _____

Address: _____

Contact person responsible for rental: _____

Contact person's daytime phone number: _____

Requested Date of Rental: _____ Day of Week: _____

Hours of Use: _____

Have you read the Nevins Hall Rental Policy, and thereby agree to all the terms and conditions contained within? _____ ("YES" or "NO")

Please give a brief description of the event you are planning: _____

Will alcohol be served? _____

Will you be charging admission? _____ If so, how much? _____

I, the undersigned, understand that I am responsible for police and/or fire detail(s) as required, and that all fees for details, rental, set up, breakdown, clean up, and any other applicable fees are payable in full prior to the scheduled event.

For the organization/individual: _____

(Signature)

Date of submission: _____